Letter to: “Vitamin D levels and bone mass in rheumatoid arthritis”

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To the Editors,

With great interest, we read the recent article by Brance et al. [1] vitamin D levels and bone mass in rheumatoid arthritis (RA). The authors discussed very clearly the relation between vitamin D and disease activity. They concluded that patients with RA had lower 25(OH)D levels than the control group and that low levels of 25(OH)D were related to moderate–high disease activity. Also, they found that bone mass was lower in the femoral neck of postmenopausal patients with RA.

The authors suggested exclusion criteria as follows: had a history of neoplasia or had taken drugs that affect bone metabolism, including bisphosphonates, calcium and vitamin D supplements in the last 12 months or were receiving oral glucocorticoids (>10 mg/day prednisone or equivalent) in the last 3 months. In addition to their fluent exclusion criteria, we aimed to emphasize that possible thyroid dysfunctions may affect bone mineral mass [2, 3]. The overall prevalence of hyperthyroidism, which is approximately 1.3 %, increases to 4–5 % in older women [4]. Because of the high prevalence among elderly population, we believe that the effect of thyroid hormones on bone metabolism

may have a role in the results of the article by Brance et al. [1]. We hope that considering this condition would add to the value of the well-written article of Brance et al. [1] vitamin D levels and bone mass in RA.

Conflict of interest The authors declare no conflict of interest.

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